

ISDS 2014 Conference Abstracts



Development of an Infectious Disease Surveillance Framework at Public Health Ontario

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Objective

This presentation will outline the development process for Public Health Ontario's (PHO's) first Infectious Disease Surveillance Framework (the framework), highlight key elements of the framework, and identify examples of infectious disease (ID) surveillance activities and projects that align with the framework.

Introduction

Since its inception in 2008, PHO has grown through new funding to establish the agency, as well as a series of program transfers from the Government of Ontario, including ID surveillance. PHO's current role in ID surveillance in Ontario is to support the public health and health care systems with surveillance information, tools, and resources for the prevention and control of IDs. PHO also provides scientific and technical expertise for IDs, including different aspects of surveillance (e.g., data entry requirements, statistical algorithms, provincial surveillance reports).

The overarching aim of the framework is to establish PHO's key priorities, strategies, and actions to guide ID surveillance over the next five years and will help advance ID surveillance across Ontario. This is PHO's first step towards a strategic and coordinated approach to ID surveillance.

Methods

The development process for the framework began with an environmental scan to identify: (i) surveillance strategies in other jurisdictions, including the key themes, and (ii) approaches taken to strategic planning for surveillance. PHO then formed an internal steering committee and a working group, with representatives from key client groups, including public health units and the health care sector. They directed the completion of other preliminary work and identified stakeholder consultations as a key step in the development process.

Internal consultations were held the summer of 2013, and were comprised of a broad range of PHO staff and senior management representatives. The external consultations included representatives from local public health units (e.g., epidemiologists, program managers, and medical officers of health); government representatives (e.g., Ontario's Ministry of Health and Long-Term Care, Public Health Agency of Canada); and health care providers (e.g., infection control specialists). During the same period, the steering committee also met with the Provincial Infectious Diseases Advisory Committees to elicit their recommendations for the framework.

Two members of the steering committee collated and analyzed the information collected from the consultations to determine key themes, which were reviewed by the steering committee and working groups. Once drafted, the framework was further validated and refined through an iterative review process with our stakeholders.

Results

During the consultation process, four cross-cutting themes repeatedly emerged: 1) improve data quality; 2) enhance data integration; 3) develop accessible and timely products and tools; and 4) strengthen collaboration and capacity building. These four themes

became the priorities of the framework, from which the supporting strategies and actions were developed. Some examples of future projects that PHO will complete to support the framework include: develop standardized questionnaires and case reporting forms; set benchmarks for data quality; and evaluate routine ID surveillance reports.

Conclusions

With the guidance of staff, management, and clients, PHO has developed its first Infectious Disease Surveillance Framework that will strategically direct PHO's ID surveillance initiatives over the next five years.

Keywords

Communicable diseases surveillance; Plan of Action; Data quality; Collaboration; Data integration

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